

11411

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Cochise  
District of St John  
Town of St John  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 15  
County Registrar No. 129  
Local Registrar No. \_\_\_\_\_

2. Full name of child \_\_\_\_\_

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

5. Legitimate? Yes

6. Date

of birth Sept 21-24  
Month day year

8. Full name

FATHER

Roy Shreere

9. Residence

(Usual place of abode)

St John  
Ariz

If nonresident, give place and state

10. Color or race

W

11. Age at last birthday 28 (Years)

12. Birthplace (city or place)

(State or country)

St John  
Ariz

13. Occupation

Nature of industry

Blue make  
Paints Shop

14. Full maiden name

MOTHER

Eliza Rothelberger

15. Residence

(Usual place of abode)

St John  
Ariz

If nonresident, give place and state

16. Color or race

W

17. Age at last birthday 21 (Years)

18. Birthplace (city or place)

(State or country)

St John  
Ariz

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living 6  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against oph-  
thalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2:30 m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child  
is one that neither breathes nor shows other  
evidences of life after birth.

Signature

Address

J. J. Baudeur  
(Physician or midwife)

Given name added from

a supplemental report

Month, day, year.

Filed

Filed

Local Registrar

County Registrar

Registrar.

625-922-599